PTO/SB/17 (10-07)
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|  | Complete if Known   |                            |                                      |                           |                 |                         |               |                          |
|--|---|----------------------------|--------------------------------------|---------------------------|-----------------|-------------------------|---------------|--------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).          |   |                            |                                      |                           |                 | 10/590,548-Conf. #8478  |               |                          |
| FEE TRANSMITTAL  |   |                            |                                      | Filling Date [            |                 | December 22, 2006       |               |                          |
| For FY 2008  |   |                            |                                      |                           |                 | Anders CARLSSON         |               |                          |
| FOI F1 2006  |   |                            |                                      | Examiner Name I           |                 | I. D. Dang              |               |                          |
| Applicant claims small entity status. See 37 CFR 1.27  |   |                            |                                      | Art Unit                  |                 | 1647                    |               |                          |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00  |   |                            | Attorney Docket No. 4                |                           | 4528-0124PUS2   |                         |               |                          |
| METHOD OF PAYMEN   | T (check all  | that apply)                |                                      |                           |                 |                         |               |                          |
| Check Credit C   | Card 1  | Money Order                | No                                   | ne Other (                | please identify | ·):                     |               |                          |
| X Deposit Account Depo   | sit Account Num   | ber: 02·                   | 2448                                 | Deposit /                 | Account Name:   | Birch, Stewart          | , Kolasch & E | Birch, LLP               |
| For the above-ident  | iified deposit  | account, the D             | irector is                           | hereby authorize          | d to: (checl    | k all that apply)       |               |                          |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                     |   |                            |                                      |                           |                 |                         |               |                          |
| X Charge any a fee(s) under 3  |   | s) or underpay<br>and 1.17 | ments o                              | f x Credit                | any overpa      | yments                  |               |                          |
| FEE CALCULATION  |   |                            |                                      |                           |                 |                         |               |                          |
| 1. BASIC FILING, SEARCH  | -   |                            |                                      |                           |                 |                         |               |                          |
|  | FILIN   | IG FEES Small Entity       | SE.                                  | ARCH FEES Small Entity    | EXAMIN          | ATION FEES Small Entity |               |                          |
| Application Type   | Fee (\$)  | Fee (\$)                   | <u>Fee (\$</u>                       |                           | Fee (\$)        | Fee (\$)                | Fees P        | aid (\$)                 |
| Utility  | 310   | 155                        | 510                                  | 255                       | 210             | 105                     |               |                          |
| Design   | 210   | 105                        | 100                                  | 50                        | 130             | 65                      |               |                          |
| Plant  | 210   | 105                        | 310                                  | 155                       | 160             | 80                      |               |                          |
| Reissue  | 310   | 155                        | 510                                  | 255                       | 620             | 310                     |               |                          |
| Provisional  | 210   | 105                        | 0                                    | 0                         | 0               | 0                       |               |                          |
| 2. EXCESS CLAIM FEES   |   |                            |                                      |                           |                 |                         | Fee (\$)      | Small Entity<br>Fee (\$) |
| Fee Description Each claim over 20 (including Reissues)  |   |                            |                                      |                           |                 |                         | 50            | 25                       |
| Each independent claim over 3 (including Reissues)   |   |                            |                                      |                           |                 |                         | 210           | 105                      |
| Multiple dependent claims  |   |                            |                                      |                           |                 |                         | 370           | 185                      |
|  |   |                            | Paid (\$)                            | Multiple Dependent Claims |                 |                         |               |                          |
| 22 =   |   | 50.00 =                    |                                      |                           | <u>Fee</u>      | <u> </u>                | ee Paid (\$   | 1                        |
| <u>-</u>   | fP = highest number of total claims paid for, if greater than 20.  ndep. Claims |                            | Paid (\$)                            |                           |                 |                         |               |                          |
| 3 -3=  |   | 210.00 =                   |                                      | (+/                       |                 |                         |               |                          |
| HP = highest number of indepen   | dent claims pai   | d for, if greater tha      | ın 3.                                |                           |                 |                         |               |                          |
| 3. APPLICATION SIZE FEE<br>If the specification and dra<br>listings under 37 CFR<br>sheets or fraction there | awings exceed 1.52(e)), the   | application siz            | ze fee dı                            | ie is \$260 (\$130 f      |                 |                         |               | )                        |
|  | xtra Sheets   |                            |                                      | dditional 50 or frac      |                 |                         | <u>Fee F</u>  | aid (\$)                 |
|  |   | /50 =                      |                                      | (round up to a who        | le number) ɔ    |                         | -             |                          |
| <ol> <li>OTHER FEE(S)</li> <li>Non-English Specificati</li> </ol>  | on \$130 fe   | e (no small en             | itity diec                           | ount)                     |                 |                         | Fees          | Paid (\$)                |
| Other (e.g., late filing su  | •   | •                          | •                                    | •                         | st month        |                         | 12            | 0.00                     |
| SUBMITTED BY   |   | -                          |                                      |                           |                 |                         |               |                          |
| Signature Signature  |   |                            | Registration No.<br>(Attorney/Agent) | 28,977                    | Telephone       | (703) 205-8000          |               |                          |
| Name (Print/Type) Gerald M   | Murphy, J   | r.//\                      |                                      |                           |                 | Date                    | June 3,       | 2008                     |
|  |   |                            |                                      |                           |                 |                         |               |                          |